FORM D

RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

APR 1 8 2005 PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	May 31, 2005				
Estimated average burden					
hours per response 16.0					

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Name of Offering (check of this is an amendment and name has changed, and indicate change.)	
Note and Warrant Financing	1 (5 a) () 5 a (5 a) 6 a) () 5 a) 6 a) () 6 a) () 6 a)
Filing Under (Check box(es) that apply). Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	05051006
1. Enter the information requested about the issuer	· · · · · · · · · · · · · · · · · · ·
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
BatteryCorp, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Num	nber (Including Area Code)
44 Oak Street, Newton, MA 02464 (617) 965-111	10
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Num (if different from Executive Offices) Same as above.	mber (Including Area Code)
Brief Description of Business	
· · · · · · · · · · · · · · · · · · ·	
Type of Business Organization	DDAACEGEE
corporation [limited partnership, already formed [other (please specify):	PROCESSEL
business trust limited partnership, to be formed	APR 2 1 2005
Month Year	
Actual or Estimated Date of Incorporation or Organization: Actual Estimated Actual Estimated Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	THOMSON
CN for Canada; FN for 6ther foreign jurisdiction)	FINANCIAL
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 C 77d(6).	CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed	ed filed with the U.S. Securities
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received which it is due, on the date it was mailed by United States registered or certified mail to that address.	at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copi photocopies of the manually signed copy or bear typed or printed signaturies.	ies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of the interest, the information requested in Part C, and any material changes from the information previously supplied in Parts A and E not be filed with the SEC.	ssuer and offering, any changes 3. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrate to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to this notice and must be completed.	trator in each state where sales fee in the proper amount shall
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conve	aradu failura ta fila tha
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Convappropriate federal notice will not result in a loss of an available state exemption unless such exemptifiling of a federal notice.	

1 of 9

		A: BASIC-IDI	ENTIFICATION DATA		
Enter the information re	quested for the fo	llowing:			
 Each promoter of 	he issuer, if the is	suer has been organized w	rithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the is
 Each executive off 	icer and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
 Each general and r 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		4		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		, , , , , , , , , , , , , , , , , , ,		
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	,			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	sheet, as necessary)

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1. Ha	sthe	issuer solo	l or does th	ne issuer i	ntend to se	ll, to non-a	ccredited	vectors in	this offerir	ng?.		Yes	No
1. 114	.s the	155401 5010	., 0. 4005									<u> </u>	rane;
2. Wł	Answer also in Appendix, Column, if filing under ULOE. What is the minimum investment that will be accepted from any individal?						\$						
												Yes	No
						gle unit?							
cor If a or s	mmiss perso states,	sion or sim on to be lis , list the na	ilar remune ted is an ass ime of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	who has been of purchasent of a brokent of a brokent of a brokent or than five to that	ers in conne cer or deale e (5) persor	ecion with s registered ns o be liste	sales of sec with the SI d are assoc	urities in th EC and/or v	e offering. with a state		
Full Na	me (L	ast name	first, if indi	ividual)									
Busines	ss or F	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)						
Name o	f Ass	ociated Br	oker or De	aler									
States in	n' Whi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Cl	heck'	'All States	" or check	individual	States)	•••••	***************						States
Al	L	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M'		NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full Na	me (L	ast name	first, if indi	ividual)									
Busines	ss or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name o	f Ass	ociated Br	oker or De	aler				W 1.5	<u> </u>				
States in	n Whi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		1				
(Cl	heck'	'All States	" or check	individual	States)							☐ A	1 States
Al	L	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
II		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
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Busines	s or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name o	f Ass	ociated Br	oker or De	aler									
States in	n Whi	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers			1			
(Cl	heck'	'All States	" or check	individual	States)		· · · · · · · · · · · · · · · · · · ·	•••••				. 🗌 A	ll States
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	990,000.00	§ 891,000.00
	Equity		\$
	Common Preferred		
	Convertible Securities (including warrants)	10,000.00	9,000.00 \$
	Partnership Interests		\$
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	11	\$_900,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	11	\$ 900,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	****	\$_0.00
	Regulation A		\$_0.00
	Rule 504		\$_0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 12,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	Z	\$ 12,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$988,000.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of made	chinery	¬ ¢	_ ÷
	and equipment	-	_	
		_] \$. L 3	
	Acquisition of other businesses (including the valoffering that may be used in exchange for the assissuer pursuant to a merger)	¬\$	□\$	
	Repayment of indebtedness	_	_	_
	Working capital			
	Other (specify):			
			 \$	
	Column Totals		\$_0.00	\$ 988,000.00
	Total Payments Listed (column totals added)	\$_988,000.00		
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commis-	sion, upon writte	
Iss	er (Print or Type)	Signature	Date /	
Ва	tteryCorp, Inc.	1 AX	Date 4 /8 /01	_
	ne of Signer (Print or Type) athan B. Quint	Title of Signer (Print or Type) President		

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)